

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Program Name: <u>The Learning Curve</u>	License Number: <u>70477</u>	Date of Inspection: <u>1/26/22</u>	Time of Arrival: <u>9:15</u>
Address: <u>66 Connolly Rwy Bldg 18</u>	Expiration Date: <u>2-28-23</u>	Licensed Capacity: <u>23</u>	Under 3 Capacity: <u>8</u>
Town: <u>Hamden, CT 06514</u>	Telephone: <u>203-296-3440</u>	# of children present: <u>18/13</u>	# of staff present: <u>3</u>
Operator: <u>Nadiha Lindsay</u>	Director: <u>Nadiha Lindsay</u>	Head Teacher: <u>Nadiha Lindsay</u>	
Email: <u>thelearningcurvedaycare@yahoo.com</u>	Summer Care: <u>open</u>		
Hours of Operation: <u>Mon-Friday 7:30-5:30</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: <u>6 weeks - 10 years</u>	Endorsements: <input type="checkbox"/> Under Three (6wks - 36m) <input type="checkbox"/> Preschool (3y - 5y) <input type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)		

Licensure Procedures 19a-79-2a

1. Local Health Date: _____

Administration 19a-79-3a

2. New Staff-Employee Orientation

3. Annual Staff Policy Training

4. Documentation of Behavior M. Tech Discussed w/Parents

5. Notification of Change

6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy

7. Daily Attendance Records: Children/Staff

Items Posted: Conspicuous/Accessible

8. License

9. Current Fire Marshal Certificate Date: 12-10-21

10. OEC Complaint Procedure

11. Food Service Certificate Date: na

12. Menus

13. Emergency Plans

14. No Smoking Signs

15. Radon Test (Y/N) Date: _____ Results: _____

Staffing 19a-79-4a

16. Staff Health Records/TB Tests

17. Professional Development

18. Disciplinary Actions

19. Designated Head Teacher/60%

20. Two Staff Present

21. Ratio: 1 Staff to 10 Children

22. Group Size: Maximum 20 Children

23. Designated Director/Training

24. CPR Certified Staff

25. First Aid Trained Staff

Consultants

26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	0	0
Health	✓	✓
Social Service	✓	0
Dental	✓	0
Dietitian		

27. Logs/Visits Documented

Swimming: (Y/N)

28. Non-Swimmers Identified

29. Staff/Child Ratios

30. CPR Certified Staff (20 years of age)

31. Lifeguard Certified/Supervision

Record Keeping 19a-79-5a

32. Enrollment Information

33. Emergency Medical Permission

34. Authorized Released Permission

35. Field Trip Permission

36. Transportation Permission

37. Child Health Records/Immunizations/TB

38. Individual Care Plan (Signed by Parent/Staff)

39. Injury/Illness/Accident Reports

Health and Safety 19a-79-6a

40. Nutritious Snacks/Meals (Required Food Groups)

41. Proper Refrigeration

42. Kitchen Separated

43. Hand Washing Before Eating/Food Handling

44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

Physical Plant 19a-79-7a

45. License Premise: Clean/Good Repair/Hazard Free

48. Sanitary Drinking Fountains/Disposable Cups
Water Supply: Public/Well

49. Lead Water Test Date: _____
Bacterial/Chemical Test (Y/N) Date: _____

50. Walkways Maintained

51. Designated Staff Toilet/Sink

52. All Openings for Ventilation Screened

53. Windows Protected to Prevent Falls

54. Glass Protected to 36"

55. Overhead Doors Locking Devices/Spring Protectors

56. Exits/Hallways and Stairs Unobstructed

57. Individual Storage of Clothing/Bedding

58. Smoking Prohibited

59. Matches/Lighters Inaccessible

60. Electrical Safety: Outlets/Cords

61. Toileting Needs Met

62. Required Toilets/Sinks/Supplies

63. Potty Chairs: Nonporous/Emptied/Disinfected

64. Hand Washing After Toileting: Staff/Children

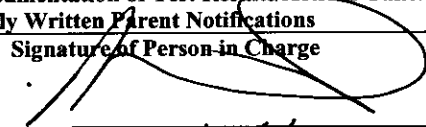
65. Ventilation in Toilet Room

66. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative: <u>Jen Sena</u>	Written Corrective Action Plan Due to OEC by: <u>2-9-22</u>	Signature of Person in Charge: <u>Nadiha Lindsay</u>
Print name: <u>Jen Sena</u>		Print name: <u>Nadiha Lindsay</u>

Post for 30
Operating
Days

CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: <i>The Learning Curve</i>	License Number: <i>70477</i>	Date of Inspection: <i>1-26-22</i>
<u>Physical Plant continued:</u> <input checked="" type="checkbox"/> 67. Water Temperature 60°-115° <input checked="" type="checkbox"/> 68. Portable Space Heaters <input checked="" type="checkbox"/> 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair <input checked="" type="checkbox"/> 70. Rugs Secure <input checked="" type="checkbox"/> 71. Hot Water/Steam Pipes Protected <input checked="" type="checkbox"/> 72. Working Phone on Each Level <input type="checkbox"/> 73. Emergency Numbers Posted <input type="checkbox"/> 74. Adequate Lighting: 50/30 Candle Feet <input type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input checked="" type="checkbox"/> 76. Potentially Hazardous Substances Locked <input type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <input type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <input type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input checked="" type="checkbox"/> 82. Equipment: Good Repair/Safe/Non-toxic <input type="checkbox"/> 83. Cots Stored/Maintained/Adequate Number <input type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise <u>Outdoor Space</u> <input type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input type="checkbox"/> 88. Impact Absorbing Material under Equipment <input type="checkbox"/> 89. Playground Free from Hazards <input type="checkbox"/> 90. Peeling Paint (Y/N) Sample Taken (Y/N) <input checked="" type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input type="checkbox"/> 93. Outdoor Play Area Protected/Fenced <input type="checkbox"/> 94. Drinking Water Available/Accessible <u>Educational Requirements 19a-79-8a</u> <input checked="" type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <input checked="" type="checkbox"/> 96. Activity Choices: Developmentally Appropriate/ Flexible/Meets Individual Needs Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up <u>Administration of Medications 19a-79-9a</u> <input checked="" type="checkbox"/> 97. Written Policies/Procedures <input checked="" type="checkbox"/> 98. Training Outline on file <u>Nonprescription Topical Medications</u> <input type="checkbox"/> 99. Administration/Parent Permission/MAR <input type="checkbox"/> 100. Labeling/Storage <u>Oral/Topical/Inhalant/Injectable Medications</u> <input checked="" type="checkbox"/> 101. Med Trained Staff/Certificates <input type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input checked="" type="checkbox"/> 103. Labeling/Storage <input checked="" type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <u>Self-Administration</u> <input type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input type="checkbox"/> 106. Labeling/Storage <input type="checkbox"/> 107. Approved Petition For Special Med Authorization	<u>Under Three Endorsement 19a-79-10</u> <input type="checkbox"/> 109. Approved Endorsement <input checked="" type="checkbox"/> 110. Ratio: 1 Staff to 4 Children <input checked="" type="checkbox"/> 111. Group Size no Larger than 8 <input checked="" type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) <input type="checkbox"/> 113. Adequate Sinks in Program Space <input type="checkbox"/> 114. Free Standing/Well-Constructed/Safe Cribs <input type="checkbox"/> 115. Washable Cots <input type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray <input type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment <input type="checkbox"/> 118. Refrigerators and Food Prep Facilities <input type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use <input type="checkbox"/> 120. Washed/Disinfected <input type="checkbox"/> 121. Disposable Paper Sheets <input type="checkbox"/> 122. Covered Waste Receptacle <input type="checkbox"/> 123. Diaper Changing Policy Posted <input type="checkbox"/> 124. Hand Washing Policy Posted <input type="checkbox"/> 125. Individual Storage of Personal Items <input type="checkbox"/> 126. Cribs/Cots Washed/Disinfected <input type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping <input checked="" type="checkbox"/> 128. Alternate Sleep Position/Equip-Medical Document Y/N <input type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping <input type="checkbox"/> 130. Crib/Bed Free from Observable Hazards <input checked="" type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily <input checked="" type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter <input type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible <input checked="" type="checkbox"/> 134. Health Consultant/Documentation of Visits <input checked="" type="checkbox"/> 135. Infants Held for Bottles/Individual Attn/Tummy Time <input checked="" type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent <input type="checkbox"/> 137. Unused Portions of Liquids Discarded <input type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing <input type="checkbox"/> 139. Food Served from Dish or Whole Jar Served <input type="checkbox"/> 140. Bottles Individually Identified w/Child's Name <u>Outdoor Play Space-Under Three:</u> <input checked="" type="checkbox"/> 141. Play Space Fenced <input checked="" type="checkbox"/> 142. Outdoor Equipment: Dev. Appropriate <u>School Age Children Endorsement 19a-79-11</u> <input type="checkbox"/> 143. Approved Endorsement <input type="checkbox"/> 144. Activity choices appropriate <input type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input type="checkbox"/> 146. Group Size: Max. 20 Children <input type="checkbox"/> 147. Education Consultant Appropriate <u>Night Care Endorsement 19a-79-12 (10pm-5am)</u> <input type="checkbox"/> 148. Approved Endorsement <input type="checkbox"/> 149. Written Program Plan/Supervision <input type="checkbox"/> 150. Staff Awake/Available <input type="checkbox"/> 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel <input type="checkbox"/> 152. Individual Storage of Personal Items <input type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly <u>Monitoring of Diabetes 19a-79-13</u> <input type="checkbox"/> 154. Written Policies/Procedures <input type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input type="checkbox"/> 156. Training Current/Documented <input type="checkbox"/> 157. Supervision of Self Administration <input type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input type="checkbox"/> 160. Materials Discarded Appropriately <input type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input type="checkbox"/> 163. Daily Written Parent Notifications	
Signature of OEC Representative <i>Jennifer Serra</i>	Written Corrective Action Plan Due to OEC by: <i>2-9-22</i>	Signature of Person-in Charge 
Print Name: <i>Jen Serra</i>	Print Name: <i>Neelke Lindsey</i>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Curve License # 70477 Date: 1/26/22Observations/Corrections needed:

#9 Observed fire Marshal certificate posted to be more than 2 years old. During visit director provided current fire Marshal ~~during~~ inspection, out of file.

#19 Designated head teacher not on site 60% of time according to staff attendance records, on file

#40 staff provided ~~staff~~^{jts} goldfish and water for a.m. snack to preschool class, not meeting the two food group requirements

#67 Water temperature, in ~~both~~^{jts} hand washing sinks to measure 118°

#4 Behavior management techniques discussed with parents - documentation not observed in 3 out of 10 ~~8~~^{jts} student files

#16 Observed 1/4 staff files to not have an adult health record/TB

#24 CPR staff not on site, 4 out of 4 staff files indicate no staff on to have current CPR training

#25 No first aid trained staff on site. 4/4 staff files observed to not have current First aid training

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jennifer Serra
(DEC Representative)

Print Name: Jen Serra

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Nadine Lindley
(Person in Charge)

OEC BY: 2/9/22

Print Name: Nadine Lindley

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Curve License # 70477 Date: 11/26/22Observations/Corrections needed:

#~~67~~⁹² observed outdoor climber, previously cited on 12/8/21 to not be anchored securely and located too close to the fence - rendering that area of fence to be less than 48", and fall zone

#110 - observed 1 staff in preschool classroom with 10 children, 5 of the 10 children to be under 3 yrs of age.

NO child file contained a signed parent/director authorization to enroll children under 3 to preschool. 3 of the 5 students, under 3, are 32 months - 36 months.

#111 observed 1 teacher with 10 children, 5 who are under 3 yrs under 3 ratios are to be 1 to 4 children

#132 - observed toys and objects to be ~~and~~^{js} less than 1 1/4" in diameter. Observed unitex cubes, Lincoln logs, small toys accessible to children under 3 yrs in preschool room.

#26 - observed Education consultant contract to be more than 1 yr old (expired).

#27 unable to observe complete/current consultant logs for Education, Social Service and dental consultants

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Signature: Jennifer Serra
(OEC Representative)

Print Name: Jeg Serra

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Nadila Lindsay
(Person in Charge)

OEC BY: 2/9/22

Print Name: Nadila Lindsay

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Curve License # 70477 Date: 1-26-22

Observations/Corrections needed:

#32 observed enrollment information to be incomplete for
3/10 childrens files reviewed

#37 observed 7/10 childrens health records to be missing ^{documentation} of
current flu vaccination.

Discussed

menus - posted menus contain food items that are
not on site. When menu is not followed parents to
be notified / changes posted by end of day

Being truthful on licensing corrective action plans

microwave to have fresh food matter - to be wiped out
after splatter / spills at each use

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Operators/providers are required by regulations and statutes
to be in compliance at all times.

Signature: Jennifer Sun
(OEC Representative)

Print Name: Jen Sun

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2-9-22

Signature: Nadisha Lindsay
(Person in Charge)

Print Name: Nadisha Lindsay